



**The Mariner's Switch Kit  
Authorization to Close Account Form**

Complete and mail this form to your previous financial institution after your Mariner's Bank account is open, all your checks have been paid and all your automatic transactions have been transferred from your old account to your new Mariner's Bank account.

To:

Date:

Please accept this letter as authorization to close the account listed below and transfer the balance, plus any accrued interest, to Mariner's Bank for deposit to account number:

Effective immediately please close and transfer the balance in the following account:

Account Number:

Checking  Savings  Money Market

Primary Account Owner Name

Joint Owner Name (if applicable)

Proceeds from the above referenced account are to be mailed to the address provided below.

**Mariner's Bank**

Branch Address

City

State

Zip

Branch Phone Number

Branch Representative

I hereby authorize the closing of this account and transfer of funds to Mariner's Bank. All my checks have cleared and automatic payments have been stopped. If joint account, I hereby certify that the co-owner is living.

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Account Holder Signature (if applicable)

\_\_\_\_\_  
Telephone Number

Your prompt attention to this request is appreciated. Thank you.